

ALASKA MOTOR VEHICLE COLLISION REPORT

SR #:

INCIDENT/CASE #

OFFICER / AGENCY INFORMATION

Officer Name:

Officer Perm ID:

Agency:

Reviewing

Officer Perm ID:

Review Date:

CRASH INFORMATION - (One choice per field unless otherwise noted - Other* should be explained in narrative)

Law Enforcement Use Only:

Crash Date:

Crash Day:

Crash Time Unknown:

Crash Time:

CRASH CLASSIFICATION

Property: -

Location: -

In Parking Lot: **CRASH LOCATION**

Lat:

Long:

Crash City / Place:

County / Borough:

On:

Street/nearest street, bridge, etc.:

Photos Taken: -

Non-Vehicular Property Damage: -

Most Contributing Unit Known: -

Total Witnesses:

Total Motorized Units:

Total Non-Motorized Units:

Total Motorists:

Total Non-Motorists:

First Harmful Event: -

Location of First Harmful Event Relative to Trafficway: -

Manner of Collision Impact: -

Weather: -

Light Condition: -

Roadway Surface Condition: -

Contributing Circumstances, Environment Conditions: -

RELATION TO JUNCTION

Within Interchange Area: -

Specific Location: -

Intersection Type: -

School Bus Related: -

WORK ZONE RELATED

Work Zone: -

Location of the Crash: -

Type of Workzone: -

Workers Present: -

Law Enforcement Present: -

CRASH DESCRIPTION**CRASH DIAGRAM** Check if supplemental diagram

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MOTOR VEHICLE INFORMATION

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Motor Vehicle #		Most Contributing Unit: -		Total Number of People in Vehicle:	
Motor Vehicle Type: -		Driver Presence: -			
VIN:	License Plate #	State:	Registration Year:	Color:	
Make:	Model:	Model Year:			
OWNER INFORMATION					
Vehicle Owner Name (Last, First, Middle, Suffix):			Mailing Address:		
City:	State:	Zip:	Contact Phone:		
Body Type: -		Special Function: -			
Emergency Use: -		Posted Speed Limit:		mph.	
Direction of Travel: -		Trafficway Description: -			
Total Thru Lanes: -		Roadway Horizontal Alignment: -		Grade: -	
Traffic Control Device Type: -					
Traffic Control Device Working: -					
Vehicle Maneuver/Action Prior to Recognition of Critical Event: -					
Bus Use: -					
DAMAGE INFORMATION					
Initial Contact Point on Vehicle:		Damaged Area(s):		Undercarriage Damage: -	
				Damage > \$501: -	
<p>00 - Non-Collision 13 - Top 14 - Undercarriage</p>		<p>00 - No Damage 13 - Top 14 - Undercarriage</p>		Extent Of Damage: -	
<p>15 - Cargo Loss 99 - Unknown</p>		<p>98 - All Areas 99 - Unknown</p>		Vehicle Removal: -	
Towed By:					
Hit and Run: -					
MOST HARMFUL EVENT					
-					
SEQUENCE OF EVENTS					
1st: -					
2nd: -					
3rd: -					
4th: -					
Vehicle Contributing Circumstances: -		Headlights On: -			
Contributing Circumstances: -					
CARRIER (If this crash involves a carrier, forward a copy of the report to: Commercial Vehicle Operations, 11900 Industry Way, Anchorage, AK 99515)					
Motor Carrier Type: -		Identification #: -			
Issuing Authority: -	Issuing State:	Carrier Name Source: -			
Carrier Name:			Address:		
City:	State:	Zip:	Country:	Phone:	
GVWR / GCWR: -	Vehicle Configuration: -				
Cargo Body Type: -					
HAZARDOUS MATERIALS (CARGO ONLY)					
Involvement: -	Placard Displayed: -	HM 4-Digit #:	HM Class #:	Haz Mat Released: -	

PERSON INFORMATION

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Person #	Motor Vehicle # :	Most Contributing Unit:
Person Type: -		
Full Name (Last, First, Middle, Suffix):		Sex: -
Mailing Address:	City:	State: Zip:
Physical Address:	City:	State: Zip:
Contact Phone:	DOB:	OL / DL #: State: APSIN ID #:
Injury Status: -	Source of Transport to First Medical Facility: -	
EMS Vehicle Agency ID:	EMS Run #:	
Name of Medical Facility:		
Contributing Action(s) / Circumstance(s) at Time of Crash: -		
Speeding Suspected: -	Visual Obstruction: -	
Restraint System / Safety Equipment(s) : -		
Restraint Mis-Use: -	Distracted By: -	
Condition at Time of Crash: -		
Alcohol Suspected: -	Alcohol Test Status: -	Alcohol Test Type: -
Alcohol Test Result: -	Reading Value:	
Drugs Suspected: -	Drug Test Status: -	Drug Test Type: -
Drug Test Result: -	Drugs Detected:	
Charges: -	Total Charges for this Person:	
Fill these only for person type 01 (DRIVERS only)		
CDL: -	DL Class(es):	Non-CDL Status: - CDL Status: -
License Compliance with Class of Vehicle: -		DL Endorsement(s):
Compliance with CDL Endorsement(s): -		Driver License Restriction(s) :
Compliance with Driver's License Restriction(s) :		
Insurance Coverage: -	Insurance Company:	Insurance Policy #:
NFR: -		
Fill these only for person types 01, 02, 03, 04 and 09		
Row: -	Seat: -	
Other Location: -	Airbag Deployed: -	
Ejection: -	Ejection Path: -	Extrication: -
Fill these only for person types 04, 05, 06, 07, 08, 10 and 19		
Collision with Motor Vehicle Unit #:		
Direction of Travel: -		
Action(s)/Circumstance(s) Prior to Crash: -		
Going to or from School (K-12) : -		
Traffic Control Device Type: -		
Location at Time of Crash: -		

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CHARGES FOR THIS CRASH

Person # Citation Issued: Citation Number:

Charge:

WITNESSES TO THIS CRASH

Full Name (Last, First, Middle, Suffix):

Sex: -

OL / DL # :

State:

DOB:

Physical Address:

City:

State:

Zip:

Contact Phone:

APSIN ID # :

ATTACHMENT / IMAGE #

SAMPLE
Attachment Description